



(631) 957-7500  
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**INCORPORATED VILLAGE OF LINDENHURST**  
430 SO. WELLWOOD AVENUE - LINDENHURST, NEW YORK 11757

**AFFIDAVIT FOR RENEWAL OF TWO-FAMILY USE PERMIT**

**FEE: \$ 150.00**

**Telephone #:** \_\_\_\_\_

**Tax Map #:** \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, depose and say: That I reside at  
(PLEASE PRINT NAME)

\_\_\_\_\_, and that my Two Family use permit for the premises at  
(NUMBER AND STREET)

\_\_\_\_\_, (expires) or (expired) on \_\_\_\_\_  
(NUMBER AND STREET)

and I do hereby apply for renewal of said permit.

I do hereby attest and affirm that there has been no change in the information provided by me in my original application to the Two-Family Review Board of the Incorporated Village of Lindenhurst, except as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(IF NO CHANGES, PLEASE WRITE NONE)

\_\_\_\_\_  
Signature

**PUBLIC HEARING DUE:** \_\_\_\_\_